

City of Broken Arrow
CONSUMER AUTHORIZATION AND RELEASE

In connection with **City of Broken Arrow** considering me for employment, continued employment, promotion or reassignment, I authorize **City of Broken Arrow** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize, without reservation, any person or entity contacted by **City of Broken Arrow**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **City of Broken Arrow**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 918-259-2400 (Please write in blue or black ink. Light ink won't show up)

LEGAL NAME _____ DOB * _____ SS# _____

OTHER NAMES USED _____

DRIVERS LICENSE # _____ STATE _____

Name as it exactly appears on Drivers License _____

CURR.
ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

City of Broken Arrow
CONSUMER AUTHORIZATION AND RELEASE

CONSUMER DISCLOSURE

(FCRA-1)

In connection with **City of Broken Arrow** considering you for employment, continued employment, promotion or reassignment, **City of Broken Arrow** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE



State of Oklahoma
Department of Public Safety
RECORDS REQUEST and CONSENT TO RELEASE
FOR Motor License Agent USE Only

INDIVIDUAL REQUEST

I hereby request an Oklahoma driving record summary (Motor Vehicle Report, or MVR)
[state law limits this summary to three years]

RECORD FEE
\$25.00

For:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____

Check the following applicable statement:

- ☐ I am the person named in the record sought. ☐ I am requesting the record of another person.

If you are not the person named in the record sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below:

1. ☐ Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. ☐ Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order; order of a court.
3. ☐ Research Activities or Statistical Reports: personal information shall not be published, redisclosed, or used to contact individuals †
4. ☐ Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, antifraud, rating or underwriting activities †
5. ☐ Licensed Private Investigative Agency or Licensed Security Service: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. ☐ Employer of Commercial Driver License Holder: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. ☐ Other: for use specifically authorized under the laws of the State of Oklahoma related to the public safety

Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request _____

Signature of Person Named in Request _____

By signing above, I voluntarily give consent to the Motor License Agency to release the above-named record to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

Printed Name of Person Making Request _____

Signature of Person Making Request _____

City of Broken Arrow

† Print Agency/Company Name (if item 1, 3, 4, 5 or 6 was checked above)

Date _____

220 S. First St.	Broken Arrow	Oklahoma	74012
Address	City	State	Zip

To be completed by Motor License Agency: The record requested has been approved for release and issued by:

Printed Name of motor license agent or employee _____

Signature of motor license agent or employee _____

CENTRAL PARK TAG AGENCY #7262

Motor license agency name and number